| Fill in this information to identify your case: | | | | |
|---|--------------------|------------------|-----------------|--|
| Debtor 1 | Doria Yvette Frias | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | Northern Distric | t of California | |
| Case number (If known) | 15-51921 | | | |

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** 1. Fill in your employment Debtor 2 or non-filing spouse Debtor 1 information. If you have more than one job. attach a separate page with **Employment status Employed** Employed information about additional ■ Not employed ■ Not employed employers. Include part-time, seasonal, or self-employed work. **Member Relations Coordinator** Occupation Occupation may Include student or homemaker, if it applies. **Santa Clara Chamber of Commerce** Employer's name Employer's address 1850 Warburton Avenue Number Street Number Street Santa Clara, CA 95050 ZIP Code State ZIP Code How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. **\$4,065.02** \$0.00 3. Estimate and list monthly overtime pay. 00.02\$0.00 \$4,065.02 \$0.00 4. Calculate gross income. Add line 2 + line 3.

Case: 18-51921 Doc# 24 Filed: 11/01/18 Entered: 11/01/18 12:38:51 Page 1 of 8 page 1

Doria Yvette Frias
First Name Middle Name Last Name

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|-------------|---------------------|-----------------------------------|----------------------|
| Copy line 4 here | → 4. | \$4,065.02 | | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$974.01 | \$0.00 | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| 5e. Insurance | 5e. | \$100.00 | \$0.00 | |
| 5f. Domestic support obligations | 5f. | \$0.00 | | |
| 5g. Union dues | 5g. | \$ 0.00 | \$0.00 | |
| 5h. Other deductions. Specify: | • | +\$0.00 | + \$0.00 | |
| 6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h | | \$1,074.01 | \$0.00 | |
| | . 0. | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ <u>2,991.01</u> | <u>\$0.00</u> | |
| 3. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| 8b. Interest and dividends | 8b. | \$0.00 | \$ <u>0.00</u> | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | ent | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| 8d. Unemployment compensation | 8d. | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| 8e. Social Security | 8e. | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ <u>0.00</u> | \$0.00 | |
| Specify: | 8f. | | | |
| 8g. Pension or retirement income | 8g. | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| 8h. Other monthly income. Specify: | 8h. | +\$0.00 | + \$0.00 | |
| e. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ <u>0.00</u> | \$ <mark>0.00</mark> | |
| D. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ <u>2,991.01</u> | + \$0.00 | \$2,991.01 |
| State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, friends or relatives. | | | oommates, and other | |
| Do not include any amounts already included in lines 2-10 or amounts that are | e not av | vailable to pay exp | enses listed in Schedule J. | |
| Specify: | | | 11. + | - \$ <u>0.00</u> |
| 2. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain | | | • | \$ <u>2,991.01</u> |
| | | | | Combined monthly inc |
| 13. Do you expect an increase or decrease within the year after you file this X No. | form? | • | | monuny m |
| Yes. Explain: | | | | |

| Fill in this information to identify yo | our case: | | | | |
|---|---|---------------------------------|-----------|--------------------|---------------------|
| Debtor 1 Doria Yvette Frias | | Check if this | is. | | |
| First Name Debtor 2 | Middle Name Last Name | ——— An amen | | a | |
| (Spouse, if filing) First Name | Middle Name Last Name | ☐ A suppler | ment sh | owing post-p | etition chapter 13 |
| United States Bankruptcy Court for the: | Northern District of Californi | | | he following _ | date: |
| Case number 15-51921 (If known) | | MM / DD / | YYYY | | |
| Official Form 106J | | | | | |
| Schedule J: You | r Expenses | | | | 12/15 |
| Be as complete and accurate as post information. If more space is needed (if known). Answer every question. | | | - | | - |
| Part 1: Describe Your House | sehold | | | | |
| 1. Is this a joint case? | | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a se | eparate household? | | | | |
| ☐ No☐ Yes. Debtor 2 must file | Official Forms 106J-2, Expenses for | Separate Household of Debtor 2. | | | |
| 2. Do you have dependents? | ☑ No | Dependent's relationship to | | Dependent's | Does dependent live |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | | ige | with you? |
| Do not state the dependents' names. | | | _ | | ☐ No☐ Yes |
| names. | | | | | □ No |
| | | | _ | | ☐ Yes |
| | | | _ | | ☐ No ☐ Yes |
| | | | | | ☐ Yes |
| | | | _ | | Yes |
| | | | | | ☐ No |
| | | | | | ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | XI No □ Yes | | | | |
| Part 2: Estimate Your Ongoir | na Monthly Expenses | | | | |
| Estimate your expenses as of your | <u> </u> | re using this form as a supplem | nent in a | Chapter 13 c | ase to report |
| expenses as of a date after the bank applicable date. | | • | | - | • |
| Include expenses paid for with non- | cash government assistance if you | know the value of | | | |
| such assistance and have included | • | • | | Your expe | nses |
| 4. The rental or home ownership examp rent for the ground or lot. | penses for your residence. Include | first mortgage payments and | 4. | \$ <u>2,000.00</u> | |
| If not included in line 4: | | | | | |
| 4a. Real estate taxes | | | 4a. | \$0.00 | |
| 4b. Property, homeowner's, or re | | | 4b. | \$0.00 | |
| 4c. Home maintenance, repair, a | nd upkeep expenses | | 4c. | \$0.00 | |
| 4d. Homeowner's association or | condominium dues | | 4d. | \$ <u>0.00</u> | |

Doria Yvette Frias
First Name Middle Name Last Name

| | | | Your expenses |
|-----|--|------|----------------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$0.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$225.00 |
| | 6d. Other. Specify: | 6d. | \$0.00 |
| 7. | Food and housekeeping supplies | 7. | \$300.00 |
| 8. | Childcare and children's education costs | 8. | \$0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$75.00 |
| 10. | Personal care products and services | 10. | \$ <u>100.00</u> |
| 11. | Medical and dental expenses | 11. | \$ <mark>0.00</mark> |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$0.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$0.00 |
| | 15b. Health insurance | 15b. | \$100.00 |
| | 15c. Vehicle insurance | 15c. | \$97.00 |
| | 15d. Other insurance. Specify: | 15d. | \$0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$0.00 |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ <mark>0.00</mark> |
| | 17b. Car payments for Vehicle 2 | 17b. | \$0.00 |
| | 17c. Other. Specify: | 17c. | \$ |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$0.00 |
| 19. | Other payments you make to support others who do not live with you. | | * |
| | Specify: | 19. | \$0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | |
| | 20a. Mortgages on other property | 20a. | \$ <u>0.00</u> |
| | 20b. Real estate taxes | 20b. | \$0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ <u>0.00</u> |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ <u>0.00</u> |

| Debtor 1 | Doria Yvette Frias First Name Middle Name Last Name | Case number (if known) 15-51921 |
|--------------------|---|---|
| 21. Other. | Specify: | 21. + \$ 0.00 |
| 22a. Ad 22b. Cd | ate your monthly expenses. Id lines 4 through 21. In applie 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Id line 22a and 22b. The result is your monthly expenses. | \$2,897.00 \$ \$2,897.00 |
| 23. Calcula | te your monthly net income. | *************************************** |
| 23a. C | opy line 12 (your combined monthly income) from Schedule I. | _{23a.} \$2,991.01 |
| 23b. C | opy your monthly expenses from line 22 above. | ^{23b.} - \$2,897.00 |
| 23c. S | ubtract your monthly expenses from your monthly income. | 774.04 |
| Т | ne result is your monthly net income. | 23c. \$94.01 |
| For exa | expect an increase or decrease in your expenses within the year after you fingle, do you expect to finish paying for your car loan within the year or do you experiment to increase or decrease because of a modification to the terms of you | xpect your |
| ☐ Yes. | Explain here: | |

| Fill in this information to identify your case: | | | | |
|---|---------------------------|----------------------|---------------|---|
| Debtor 1 | Doria | Yvette | Frias | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | _ |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | Northern District of | of California | _ |
| Case number | 15-51921 (If known) | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own |
|--|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$3,408.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$3,408.00 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$303,261.00 |
| Your total liabilities | \$ 303,261.00 |
| ort 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2 <u>,991.01</u> |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$ <u>2,897.00</u> |

Debtor 1 Doria Yvette Frias Case number (if known) 15-51921

| P | Answer These Questions for Administrative and Statistical Records | | |
|----|---|----------------------------------|--------------|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form. Yes | orm to the court with your other | r schedules. |
| 7. | What kind of debt do you have? ☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purpose. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | ses. 28 U.S.C. § 159. | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | come from Official | \$ |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim | |
| | From Part 4 on Schedule E/F, copy the following: | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$ | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ \$ | |
| | 9d. Student loans. (Copy line 6f.)9e. Obligations arising out of a separation agreement or divorce that you did not report as | \$ | |
| | priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$ + \$ | |
| | 9g. Total. Add lines 9a through 9f. | \$ | |

| Fill in this information to identify your case: | | | | | |
|---|------------------------|------------------------|---------------|--|--|
| Debtor 1 | Doria Yvette Fri | as Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States B | Bankruptcy Court for t | the: Northern District | of California | | |
| Case number (If known) | 15-51921 | | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Old you hav or agree to hav someone w | rho is NOT an attorney to help you fill out bankruptcy forms? |
| XI No | Tho is NOT all attorney to help you fill out ballkruptcy forms: |
| Yes. Name of person | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | |
| | |
| | |
| | I have read the summary and schedules filed with this declaration and |
| hat they are true and correct. | |
| | |
| • | x |
| /s/Doria Yvette Frias | . |
| | |
| Signature of Debtor 1 | Signature of Debtor 2 |
| | |
| Signature of Debtor 1 Date 11/01/2018 MM / DD / YYYY | |